

FROM: _____

*License # _____
*State Contractor's License Number, when required

PLEASE RUSH TO:

CITY OF SHREVEPORT
OFFICE OF THE PURCHASING AGENT
505 Travis Street, Suite 610, 71101-3042
P.O. BOX 31109
SHREVEPORT, LOUISIANA 71130-1109

***SEALED IFB/RFP/RFS/RFQ FOR:**

Number: _____

Project Name: _____

Opening Date/Time: _____

*** Circle one**

Attention: Use this format on the outside of your container when responding to all solicitations.
We do not accept fax or electronic responses for formal solicitations!

Revised 1-22-04